Medical, Social and Legal Aspects of

INSANITY.

By T. DUNCAN GREENLEES, M.D., F.R.S.E.,

Medical Superintendent, Grahamstown Asylum.

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The entire subject of insanity is one which is more or less outside the province of the general practitioner's experience and has accordingly for many years, even before specialism became fashionable, formed a separate department of medical science.

The care and management of the insane demand special education, not only in the purely medical part of the work, but also experience is required in the administration of the large Institutions which are now reserved for the care and treatment of the insane.

It is not expected, therefore, that the general practitioner can even pretend to more than a rudimentary knowledge of insanity, or the modern methods of its treatment. On the other hand, no one would credit the alienist with a knowledge of the routine work of general practice, or with the various methods of humouring sick persons, so essential to the successful general practitioner. In some ways the two positions,—that of the general practitioner and the Asylum physician,—stand apart, as it were; but on closer examination it will be found that in many ways they are intimately associated together, and dependent upon each other; and it is the object of this paper to discuss several aspects in which this relationship is more that usually evident.

Twenty years ago the knowledge of medico-psychological science possessed by the newly fledged "saw-bones" was of most limited character; but lately the various schools are making compulsory the study of mental diseases, and in America no one can hold a medical office in any of the State Asylums until he has shown his proficiency

by passing a rather severe examination in mental physiology and pathology.

Specialism in medicine would seem to be the fashion, and it is as absurd for the general practitioner to undertake the cure of an obscure gynecological case, usually reserved for the lady's doctor, as it would be for him to undertake the treatment of a mental case without special training.

It is perhaps fortunate for his mental patient that the young doctor sees little of such cases; he soon gets rid of them when he finds himself out of his depth. Nevertheless the public look to their doctor for expert advice in this as in all branches of medicine, and it is our duty to give the best of our knowledge for the benefit of our patients.

In this connection there are several questions relating to mental disease, which the general practitioner, especially if he is of the "family physician" type, may be called upon to answer; such as the delicate question of marriage between persons of insane or neurotic diathesis, the education of children of such parents, the advisability, or otherwise, of sending persons to an Asylum, the testamentary capacity of persons of idiosyncrasic tendencies, or suffering from brain disease, and, finally, the many legal questions that constantly arise, both criminal and civil, in the course of every busy general practitioner's experience. These various questions will be briefly dealt with in this paper.

I. Home v. Asylum Treatment in Cases of Insanity.

The doctor, in the daily routine of his practice, is not infrequently brought into contact with cases of insanity, and it is very desirable that he should be able to express an opinion as to whether the case is one demanding Asylum treatment, or whether the treatment can be carried out to a successful issue at home.

I need hardly say that the medical man's decision upon this point should only be made after very serious consideration; he should recollect that, upon his advice, depends the liberty of a fellow citizen. If he is sent to

an Asylum his liberty is taken from him, the rights of manhood are all denied him ; and, if he recovers, it may be that the fact of his once having been in an Asylum will injure him socially, and perhaps financially, for the rest of his life. Why a prejudice should still exist against our Asylums I am at a loss to know. How is it that a man suffering from "brain fever" is *not* insane, while if he has what is called "acute mania" and is sent to an Asylum, he is branded for life? And yet these conditions are identical. It is surely our duty to combat this absurd prejudice, and we shou'd represent to our patients that an Asylum is a Hospital for the treatment of mental disease just as much as an Infirmary is an Institution for the treatment of a broken leg, and that there is no more disgrace associated with mental disease than there is associated with bronchitis or a fractured limb.

In deciding whether our patient should be sent to an Asylum we have to consider whether, to quote the Medical Certificate, he is a "fit and proper person to be under care and treatment," meaning, of course, legal detention under certificates, either in an Asylum or in a private house. It is rare, however, in this country for "certified" persons to be treated in private houses under the provisions of the Lunacy Act, and this question may be best discussed as referring to the public Asylums.

Although the Courts still hold that no man may be deprived of his liberty unless he is a "danger to himself or others," yet custom and the necessities of most cases, as well as the evident intention of lunacy legislation, indicate that a person may be sent to an Asylum not only for detention, but also, in not a few cases, for treatment and cure, even although no evidence is forthcoming that the patient is either "dangerous to himself or others."

When it is considered advisable that the patient should be sent to an Asylum the medical man should give his reasons for advising his removal, to the most responsible relative, and it is the latter's duty to effect the removal himself. The doctor should not take too active an int rest in the arrangements made for the actual removal, else, should the patient recover, some bitter feeling may exist between the patient and his doctor, even

although the latter acted in the best interests of the former.

On the other hand, should it be considered desirable to treat the case, under the Lunacy Act, in a Private House, the medical man will make careful enquiries as to the suitability of the house for such a purpose, and that proper attendance is provided. In such a case so much depends upon details in the prospect of recovery that every thing should be seen to by the doctor himself, and his duties should comprise not only the purely medical treatment to be carried out, but also such apparently trivial matters as the position of the rooms to be occupied, the character of the attendant in charge of the patient, the nature of the furnishing, and the quality of the food supplied.

I am presuming, in these remarks, that the patient is kept in a private house for monetary consideration; then the house must be registered as a Private Asylum, and the regulations, as contained in the Lunacy Act, strictly adhered to. To treat a case of mental disease in his own house the same careful supervision should be exercised, and in the selection of an attendant or nurse a relative should *not* be engaged,—a stranger to the family being, all things equal, much more successful in the management of such cases.

It is rare in this country, unless the patient has considerable means at his disposal, that an ordinary case of mental disease can be successfully treated in a private house, and the difficulties are all the greater among poor people; indeed it is an unkindness to attempt to treat insanity in a poor man's house when Asylum treatment is available, for we are certainly not giving the patient the best chance of recovery.

The question next arises "when should a patient be sent to an Asylum?" If the case is likely to be one of some duration—say any time over a month—then the sooner the patient is sent to an Asylum the better for him. It is a great mistake, but one often made by doctors, to keep their patients at home until some serious symptom arises; until, in fact, the patient becomes "dangerous to himself or others;" they seem to forget that an Asylum is a Hospital, and only recognize it as a

gaol. Many now chronic cases of insanity could have been arrested and cured had they been taken in time and the proper treatment applied. Instead, they are only sent to the Asylum when, by improper treatment, their cases are made utterly hopeless, and this by the ignorant general practitioner, who perhaps had never seen a case of mental disease before !

There are two forms of insanity which are rarely sent to the Asylums in this country, but which are frequently met with in English Asylums; these are cases of alcoholic insanity and the insanity following the puerperium in women. That fewer examples of these diseases are met with here than in England can hardly be considered as likely, nor can we consider home treatment here better than it is in England. I find medical men in the Colony very timid about "certifying" cases of dipsomania and puerperal insanity, and yet I fail to see any reason for doubt. Delirium tremens is just as much insanity as any other form of this protean disease; I have known a man who, under the influence of drink, pursued his wife with a carving knife, with intent to kill her, thinking she was the devil, and yet the medical men declined to "certify" him as insane although, during his sane moments, he begged to be protected from himself and sent to an Asylum.

The reasons given for refusing to send dipsomaniacs to an Asylum, both by an ignorant public and still more ignorant medical profession, are as wonderful as they are illogical. Some doctors say that as dipsomania is caused by drink it is therefore not insanity properly speaking; we have yet to learn that the name of a disease depends upon its cause. Others again say that as the disease is brought on by the patient's own act, and is not a visitation from God, that therefore it is not insanity and not a suitable case for Asylum treatment. Now, if this argument were sound the same rule might apply to cases of syphilitic insanity, but these latter are held to be irresponsible, whereas the former are supposed to be responsible persons, no matter how sodden their brains may be with alcohol,—and yet both conditions are strictly similar as being self-induced.

Alcohol, in its action on the brain, induces first considerable irritation, then congestion; if the action is continued, actual and gross pathological changes occur both in the cerebral tissues and blood-vessels. It is such changes that induce the mental symptoms characteristic of alcoholism in its various stages, and we are as fully justified in considering alcoholism as one of the insanities as we are in the case of any of its other forms.

The endeavour to differentiate between Delirium tremens and Insanity is absurd, and has resulted in many judicial murders.

As regards Puerperal Insanity, the same or similar arguments apply, although as a rule the Courts hold women, suffering from the mental diseases of child-bed, as irresponsible for their acts. Nevertheless, as prevention is better than cure, and as it is rare that diagnostic difficulties arise even in the early stages, if the accommodation at home is not of the best, it is surely safer to remove the woman from her child and home surroundings to an Asylum, where proper treatment can be carried out. I have known of a case where, in a fit of puerperal furor, a woman murdered her infant, and yet no steps were taken to treat her as a case of insanity, because, forsooth, the intelligent doctor in attendance thought she would soon recover! I would repeat that neither the name nor the duration of a disease should guide us in arriving at a diagnosis; and these two factors seem to influence medical men too much in their treatment of mental diseases.

Asylums, now-a-days, are fully equipped for the treatment of the various physical conditions that occasionally accompany mental states, and there is no reason why such cases should not have the benefit of early Asylum treatment, even although the mental condition is self-inflicted, or the case likely to get well soon!

Treating such cases in a general hospital,—a plan usually adopted in this country,—is just as useless as treatment in a badly constructed home, for the mental symptoms usually are the most prominent, and a Hospital uurse is helpless in such cases, while the accommodation and surroundings are utterly unsuited for the treatment. I have known of such cases being

manacled and kept for days in a padded room, who, on arrival at the Asylum, were allowed perfect freedom, and this with benefit to themselves and without any annoyance to their fellow-patients.

II. Marriage in its relations to Insanity.

The doctor, especially if he is at the same time family physician and confidential adviser, is occasionally consulted in matters pertaining to the marriage of individuals where a tendency exists to mental or nerve disease, either in the ancestry or in the individuals themselves, and this is perhaps one of the most delicate questions which it is our duty to deal with.

Whether the marriage of cousins results in a degenerate stock is even yet a moot question. Maudsley, referring to Darwin's experiments with plants, is of opinion that, unless a fault exists in the nervous structure on both sides no harm is likely to accrue. Rather, such unions often produce geniuses, who, after all, may be considered as degenerates, and on the borderland of insanity; should there be a fault on either side, then this fault is liable to be intensified in the progeny.

Clouston does not advise the marriage of persons with a neurotic taint, and considers the occasional birth of a genius does not justify the risks of generating a stock of idiots and imbeciles as well. He advises a man with a neurotic strain, if he will marry, to marry a fat, lethargic woman! He says "there seems to be a special tendency for members of neurotic families to intermarry, and an affective affinity amongst such that tends towards love and marriage."

M. Regis cautions medical men to be guarded in expressing an opinion on this question, and M. Morel would only countenance the marriage of a person who had once been insane if the insanity was not hereditary, and had been brought on by some physical or avoidable cause.

While it would be wrong to advise marriage in cases where a hereditary taint existed, at least until the person was well advanced in years, and had kept free from mental or neurotic symptoms, it would be just as wrong to oppose marriage to a person who had been once insane,

the result perhaps of an attack of fever or a fractured skull.

It is interesting to note that, with the advance of education and civilisation, this question of marriage is receiving more and more attention. It is utterly absurd, to my mind, that we should devote more care and consideration to the mating of our horses and pigs than we do to that of our sons and daughters! We are certainly all agreed that "Love is blind;" only it is sad to think how much suffering might be avoided if the bandages were removed from Cupid's eyes, and men were to exercise the same care in the selection of their mates as they do when breeding their cattle. If such a plan were carried out although there might be fewer geniuses and idiots, the race would certainly be healthier and happier

In such a delicate matter as this no medical man is doing his duty, either to his conscience or to the best interests of his clients, if he refrains from warning his patients of the grave risks they run in being "unequally yoked,"—these risks are not necessarily to the persons themselves but to their yet unborn progeny. How many a man has cursed the day his parents married, and, suffering from a hereditary disease for which he is certainly not to blame, is this to be wondered at? And how much preventable disease and, suffering would be avoided if the "Natural Law of Selection," as found in animale and even plants, were universally adopted! We trust the time is not far distant when no marriage will be considered lawful without a clean bill of health on both sides, and the minister or magistrate, who marries "uncertified" couples, dealt with as a criminal.

Of the various diseases which are considered as typically hereditary, insanity stands out prominently, upwards of one third of all our admissions to Asylums exhibiting an admitted hereditary taint. Under the Law of Heredity it does not necessarily follow that insanity must beget insanity; rather the types of disease, known as the neuroses, and of which insanity is only an example, may produce any of the other types in the offspring. For example, the drunken father may beget the epileptic, idiot or imbecile child, or the epileptic mother may beget the drunken son.

By careful "selection" it might be possible to ultimately and entirely eliminate the neurotic diathesis, but this fact does not trouble the ardent wooer of Cupid's favours, who, regardless of all consequences, will persist in satisfying his passions.

III. The Children of Neurotic and Insane Parents.

Should it happen that, in spite of our advice, our patients insist upon getting married, our next care will be their children, and here we generally find the parents more amenable to reason; when it is represented to them that health and perhaps life itself depends on the way in which the children are brought up it is rare indeed that the parent will turn a deaf ear to the advice of the doctor.

In considering this question we should recollect one of the great laws of heredity, viz., that it is not the disease itself which descends to the child, but merely a predisposition or tendency to it. Savage defines a "neurotic" as a person possessing a nervous system too delicate for his surroundings, and liable to be upset in various ways; the development of the "neurotic" is the natural outcome of highly specialised modes of living, and the condition, according to him, embraces two groups: (1) those who react very rapidly and delicately to their surroundings, amongst whom we find geniuses, and (2) those who are unstable without being brilliant,—reacting destructively to their surroundings. Certain additional influences, acting upon the neurotic temperament, produce insanity in one or other of its various forms; for example, the undeveloped brain, associated with the neurotic tendency, may result in idiocy, and the critical periods of life,—puberty, the puerperium, and the climacteric period,- may, in cases where the neurotic predisposition exists, produce the forms of insanity characteristic of these crises.

In the children of neurotic parents to produce the same condition we require similar, if perhaps not quite so severe, influences as those which originally induced the disease in the parents. To illustrate this statement; we

sometimes speak rather loosely of the fact that consumption is a hereditary disease; now it is not the consumption itself that is hereditary,—the child is born entirely free from this disease,—but it is a tendency or predisposition to consumption that descends to the child, and it is only when some exciting influence, less severe than that which induced the disease in the parent, coming from without, acts upon a constitution already predisposed by heredity, that the disease makes its appearance. Thus two children may develop pneumonia; in one a perfect recovery takes place while in the other phthisis results. In the latter a predisposition to consumption existed, the pneumonia being the exciting cause, while in the former case no such tendency existed.

So it is with the "neuroses," and to a more marked extent, for we are here dealing with a much more delicate and unstable organ,—the brain.

Such considerations as these should guide us in advising our neurotic patients as to the schooling, dieting, climatic and social surroundings of their children. Our advice should have as its main object the reducing to a minimum all risks of exposure to such influences as we know are likely to unbalance a mind already unstable from hereditary predisposition. As regards education, it is obviously a mistake to cram a neurotic child's brain either too early or too much. The simplest schooling possible, and this were no competition exists, is all that should be given. His food should be of the plainest, and all the luxuries of the table strictly denied him; his life should be an open-air one, and Clouston advises that such cases should lead a "natural life;" that is, they should throw off the trammels of civilisation, and live healthy lives in the open. Such treatment is more effective in developing the strengthening the mental and physical systems than the administration of physic with close confinement, whether it be in the school or office.

IV. Criminal Responsibility in relation to Insanity.

The general practitioner is occasionally consulted in criminal cases when the question of insanity is raised, and when medical evidence is called for it is generally

the rule that the verdict is in accordance with it. In view of this fact it behoves us to be very careful in our evidence, which should indicate not only close observation of the prisoner, but also of the subject of insanity itself in the abstract. The Counsel usually comes to the Court well primed with a superficial knowledge of mental diseases which he has read up in some musty legal tome, so that, if he happens to be "on the other side," the medical witness is sure to have leading questions put him, which, unless he is practically conversant with his subject, will naturally land him in a quagmire!

In criminal cases, where insanity is submitted as a plea for the defence, the whole question resolves itself into one of *responsibility*: was the prisoner responsible for his acts at the time the alleged crime was committed? The old jurists defined "responsibility" as "the knowledge between right and wrong," but this definition is not consistent with modern medico-legal practice, the rule which now applies, or should apply, being that a may be held irresponsible for his acts even if he does know the difference between right and wrong, but his will-power is so enfeebled by disease that, knowing he is doing wrong, he is unable to resist the impulse to do wrong.

In considering this question we should be guided in a great measure by the evidence before us, (1) as to the mental condition of the prisoner at the time the crime was committed,—and this evidence must necessarily be one of hearsay; and (2), his mental condition at the time we examine him. Thus if we find that he has no recollection of the act, or if he is mentally dazed and can give no coherent account of himself or doings at or about the time the alleged crime was committed; if there is a history of epilepsy,—whether in the major or minor form, —or if evidence exists of weak or unstable mental or intellectual development, or a hereditary tendency to insanity is ascertained, then we should be ready to consider the question of irresponsibility.

While I do not go so far as some authors who maintain that all crime is but a manifestation of mental disease, yet I will say that many persons are punished who are actually irresponsible, for from training, or evil surround-

ings, or heredity, the moral faculty has been so much neglected that the criminal, while knowing that he is doing wrong, is unable, owing to defective will power, to resist temptation; in this connection an interesting paper might well be written on the difference between kleptomania and theft!

V. Shamming Insanity or Malingering in the Criminal.

Closely allied to this subject of criminal responsibility in connection with mental disease, we may briefly consider the question of shamming insanity. A doctor is sometimes asked for his opinion whether a certain person,—usually a prisoner undergoing a hard labour sentence,—is feigning insanity, or whether the symptoms are those of a *bona-fide* attack of mental disease. Where malingering is suspected we may conclude the malingerer has good reason for shamming disease, and it is often these old gaol-birds that succeed in deceiving the most acute doctors. A criminal who has once been inside an asylum naturally prefers to be there than in gaol, and it is often insanity is feigned, for he has perhaps given the subject a superficial study while an inmate of the asylum.

The malingerer of disease almost invariably over-acts his part, if he takes an epileptic fit he throws himself about excessively, taking care all the time to do himself no injury, and being sure of a spectator or two to afterwards verify his story; again, he foams at his mouth,—a condition by no means common with the true epileptic; this foam must be blood-stained, and it is not uncommon, in these cases, to note that the colour is not that of blood, and that the quantity is far in excess of the ordinary epileptic fit. Close and unobserved attention will easily satisfy one as to the nature of the fit. It is well to watch the suspected person when he thinks no one is observing him; then, if the case be one of malingering, his conduct will be perfectly sane when he thinks he is not being watched. Further, the imitator of mania can rarely keep up the muscular movements, popularly supposed to be characteristic of madness, for any length of time.

It is important to know that sometimes persons who are actually insane, feign disease; I had a case of this nature recently under my care; a man who for several days pretended he was in a cataleptic condition, and afterwards became so paralysed (?) that he had to be carried about. Careful examination failed to elicit any objective symptoms, and when he found out that this new manifestation of his disease failed to arouse any sympathy, he was soon walking about as briskly as any of the other patients.

The crafty and experienced malingerer may sometimes succeed in puzzling the best of us, but we should recollect that we have everything in our favour; science pitted against ignorance and deceit, and investigation will invariably succeed in diagnosing fraud, or "spotting" the real thing.

VI. Testamentary Capacity in Cases of Insanity.

Medical evidence is sometimes called for in cases where doubt is thrown upon the testamentary capacity of persons alleged to be of unsound mind, or from brain disease, such as in lesions of the speech centre. It is said that a disposing mind is what the law requires to make a will valid. A man may be insane and yet, at the time he makes his will, know perfectly what he is about. In such a case if the Court is satisfied that the man knew the value of his property and how he was disposing it, no matter how eccentric he may have been, or how deluded he may be, the will will be declared valid.

Bodily disease, or brain disease such as paralysis, may so affect the mind as to render the subject incapable of making a will, but in these cases it is for the objectors to prove incapacity before the Court will upset the will, and in these cases much will depend upon the medical evidence.

In the remissions of insanity a will may be made which will be upheld by the Courts, and even in cases of insanity, should the will show no evidence of the delusions from which the testator suffered, it will be declared valid. In cases of this kind "*integritas mentis non corporis sanitas exigenda est.*"

The question may arise whether mere eccentricity would affect the validity of a will; legal authorities say that if only eccentricity can be proved, the Courts will not interfere, but then who is going to decide where eccentricity ends and insanity begins? for here we are verily on the threshold of insanity, and in such a case it is likely the Court would obtain little assistance from the medical witnesses, each one of whom would express a different opinion according to the side upon which he is retained!

In conclusion, these are only a few of the many questions that are liable to arise in the general practitioner's experience, and they prove the close union there is between general practice and the province of the alienist; they prove that however we may specialise in our profession we still belong to the great science of medicine, whose sole aim is to educate the people, to prevent disease, and to relieve suffering.